



WHOLESALE DISTRIBUTORS MALT BEVERAGE MONTHLY TAX REPORT

ATT-123 (REV 6/2006)

Directions: Enter Address Information, License Number, and select Calendar Month and Year
Enter Rows 1-3, 5-9, 10, 17. Press "Calculate Taxes" button to determine Net Tax Due

Due By the 20th of Each Month

WHOLESALE DISTRIBUTOR				STATE LICENSE NO.	FOR CALENDAR MONTH OF:
ADDRESS	STREET	CITY	STATE	ZIP CODE	

REPORT IN NUMBER OF CASES OR KEGS ACCORDING TO PACKAGING AND SIZE CONTAINER											
SUMMARY	(A) 48/7	(B) 36/8	(C) 24/12	(D) 24/14	(E) 24/16	(F) 12/32	(G) 24/7	(H) 24/8	(I) 12/12	(N) ¼ bbl.	(O) ½ bbl.
1. Inventory 1st day of month (Line 10, Previous Monthly Report)											
2. Purchases from brewers during month (Total Schedule A)											
3. Purchases from other Ga. wholesalers during month (Total Schedule B)											
4. Total possessed this month (Total lines 1 thru 3)											
5. Sales to other Ga. wholesalers during month (Total Schedule C)											
6. Sales to military installations during month (Total Schedule D)											
7. Sales to dealers and employees during month (Total Schedule E)											
8. Additional Dispositions (Total Schedule F)											
9. Total disposal during month (Total Lines 5 thru 8)											
10. Physical inventory last day of month											
11. Disposal and Inventory (Total lines 9 and 10)											
12. Difference, if any (+ or -) between lines 4 and 11											
13. Total taxable (Total lines 9 and 12, less line 3 and line 6)											
14. Ga. Excise tax rate											
15. Tax due by size (Line 13 X Line 14)											
16. Gross tax due (Totals of all columns in Line 15)											
17. Less attached credit memorandums issued by Ga. Department of Revenue											
18. Net Tax Due (Line 16 less Line 17)											

AFFIDAVIT
I hereby certify, under penalty of law, that this is a true and correct report including supporting schedules and documents, of all wines transactions during the calendar month shown above.

SIGNED _____ TITLE _____
(Owner, Officer, or Licensee)

Subscribed and sworn to before me this _____ day of _____, 20____

(Notary Public)

SUBMIT REPORT AND REMITTANCE TO:
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105458
ATLANTA, GA 30374-5458

(REMIT HEREWITH)

STAPLE CHECK HERE